

JAN 12 2011

CITY OF SOLVANG

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Jamieson Joan Laird

1. Office, Agency, or Court

Agency Name  
City of Solvang  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)  
☐ Multi-County ☐ County of  
☒ City of Solvang ☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.  
-or-  
The period covered is through December 31, 2010.  
☐ Assuming Office: Date  
☐ Leaving Office: Date Left  
(Check one)  
☐ The period covered is January 1, 2010, through the date of leaving office.  
☐ The period covered is through the date of leaving office.  
☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached  
☐ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached  
☒ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this  
I certify under penalty of perjury under the laws of the State of California that

Date Signed 1/12/11  
(month, day, year)

Signature

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Joan L. Jamieson

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Solvang Luthern Home

ADDRESS (Business Address Acceptable)

636 Atterdag, Solvang, Ca. 63463

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Senior Care Facility

YOUR BUSINESS POSITION

Family business - an owner

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☒ Other shared income with husband  
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_ %      ☐ None

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_